

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |
|------------------------|---|
| Attorney Docket No.    | 14147US02                                   |
| First Inventor         | Uri Elzur                                   |
| Title                  | Self-Describing Transport Protocol Segments |
| Express Mail Label No. | EV 435 261 356 US                           |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

- |   |  |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>20</u>]<br/>(preferred arrangement set forth below)<br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R&amp;D<br/>-Reference to sequence listing, a table, or a computer program listing appendix<br/>-Background of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>10</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>3</u>]<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)<br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> Paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|---|--|

**ACCOMPANYING APPLICATION PARTS**

- |  |
|--|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: .....</p> |
|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: .....

Prior application information:

Examiner: \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number: 23446 OR ☐ Correspondence address below

|                   |                 |                                   |        |                |  |
|-------------------|-----------------|-----------------------------------|--------|----------------|--|
| Name              |                 |                                   |        |                |  |
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| City              | State           | Zip Code                          |        |                |  |
| Country           | Telephone       | 312-775-8000                      | Fax    | 312-775-8100   |  |
| Name (Print/type) | Michael T. Cruz | Registration No. (Attorney/Agent) | 44,636 |                |  |
| Signature         | Michael T. Cruz |                                   | Date   | March 18, 2004 |  |

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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|   |  |                          |                     |           |
|---|--|--------------------------|---------------------|-----------|
| <b>FEE TRANSMITTAL<br/>for FY 2004</b><br><br>Patent Fees are subject to annual revision. |  | <b>Complete if Known</b> |                     |           |
|   |  | Application Number       | To Be Assigned      |           |
|   |  | Filing Date              | Herewith            |           |
|   |  | First Named Inventor     | Uri Elzur           |           |
|   |  | Examiner Name            | To Be Assigned      |           |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) <b>1162.00</b>      | Attorney Docket No. | 14147US02 |

| <b>METHOD OF PAYMENT</b>  |                       | <b>FEE CALCULATION (continued)</b>       |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
|---|-----------------------|--|---|--------------------------|-----------------|--------------------|-------------|----------------|---------------|-------------------------------------|---------------|----------------|--------------|--------------------|-----------------------------------|--|------|------|-----|---------------------------------------|--|------|------|-----|--|--|------|------|-----|---|--|---------------------|--|--|--|--------------------------|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><br>Deposit Account Number: <b>13-0017</b><br>Deposit Account Name: <b>McAndrews Held &amp; Malloy</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | <b>3. ADDITIONAL FEES</b>                |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |  |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>FEE CALCULATION</b>  |                       |  |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>1. BASIC FILING FEE</b>  |                       |  |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>Utility filing Fee</td><td><b>770.00</b></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>Design filing Fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b></td><td><b>(\$)<b>770.00</b></b></td></tr></tbody></table>  |                       | Large Entity Fee Code                    | Small Entity Fee Code                                     | Fee (\$)                 | Fee Description | Fee Paid           | 1001        | 2001           | 770           | Utility filing Fee                  | <b>770.00</b> | 1002           | 2002         | 340                | Design filing Fee                 |  | 1003 | 2003 | 530 | Plant filing fee                      |  | 1004 | 2004 | 770 | Reissue filing fee                               |  | 1005 | 2005 | 160 | Provisional filing fee                                    |  | <b>SUBTOTAL (1)</b> |  |  |  | <b>(\$)<b>770.00</b></b> |  |  |
| Large Entity Fee Code   | Small Entity Fee Code | Fee (\$)                                 | Fee Description   | Fee Paid                 |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1001  | 2001                  | 770                                      | Utility filing Fee  | <b>770.00</b>            |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1002  | 2002                  | 340                                      | Design filing Fee   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1003  | 2003                  | 530                                      | Plant filing fee  |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1004  | 2004                  | 770                                      | Reissue filing fee  |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1005  | 2005                  | 160                                      | Provisional filing fee                                    |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>SUBTOTAL (1)</b>   |                       |  |   | <b>(\$)<b>770.00</b></b> |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                       |  |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td><b>37</b> - 20** =</td><td><b>17</b> x</td><td><b>18.00</b> =</td><td><b>306.00</b></td></tr><tr><td>Independent Claims <b>4</b> - 3** =</td><td><b>1</b> x</td><td><b>86.00</b> =</td><td><b>86.00</b></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>   |                       | Total Claims                             | Extra Claims  | Fee from below           | Fee Paid        | <b>37</b> - 20** = | <b>17</b> x | <b>18.00</b> = | <b>306.00</b> | Independent Claims <b>4</b> - 3** = | <b>1</b> x    | <b>86.00</b> = | <b>86.00</b> | Multiple Dependent |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| Total Claims  | Extra Claims          | Fee from below                           | Fee Paid  |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>37</b> - 20** =  | <b>17</b> x           | <b>18.00</b> =                           | <b>306.00</b>   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| Independent Claims <b>4</b> - 3** =   | <b>1</b> x            | <b>86.00</b> =                           | <b>86.00</b>  |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| Multiple Dependent  |                       |  |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
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| Large Entity Fee Code   | Small Entity Fee Code | Fee (\$)                                 | Fee Description   | Fee Paid                 |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1202  | 2202                  | 18                                       | Claims in excess of 20                                    |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1201  | 2201                  | 86                                       | Independent claims in excess of 3                         |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1203  | 2203                  | 290                                      | Multiple dependent claim, if not paid                     |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1204  | 2204                  | 86                                       | **Reissue independent daims over original patent          |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| 1205  | 2205                  | 18                                       | **Reissue claims in excess of 20 and over original patent |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| <b>SUBTOTAL (2)</b>   |                       |  |   | <b>(\$)<b>392.00</b></b> |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       | <b>*Reduced by Basic Filing Fee Paid</b> |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |
|   |                       | <b>SUBTOTAL (3)</b> (\$)                 |   |                          |                 |                    |             |                |               |                                     |               |                |              |                    |                                   |  |      |      |     |                                       |  |      |      |     |  |  |      |      |     |   |  |                     |  |  |  |                          |  |  |

|                     |                        |                                      |                |           |              |
|---------------------|------------------------|--------------------------------------|----------------|-----------|--------------|
| <b>SUBMITTED BY</b> |                        | <b>Complete (if applicable)</b>      |                |           |              |
| Name (Print/Type)   | Michael T. Cruz        | Registration No. (Attorney or Agent) | 44,636         | Telephone | 312-775-8084 |
| Signature           | <i>Michael T. Cruz</i> | Date                                 | March 18, 2004 |           |              |

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